

Form 704-8B

Rev. 1/05

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION

In re:

LGC ROANOKE, L.L.C., fka
LEWIS GALE CLINIC, L.L.C.

Debtor.

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)
)
)
)

Case No. 06-70135

Chapter 7

FILED ROANOKE, VA
U.S. BANKRUPTCY COURT
DEC 23 2010
BY *AMC* DEPUTY CLERK

CASE CONSOLIDATED WITH LGC, Inc.: 06-70134; LGC Agency, LLC: 06-70136; and
LGC Surgery, LLC: 06-70137 WITH 06-70135 AS LEAD CASE.

TRANSMITTAL OF SMALL DIVIDENDS

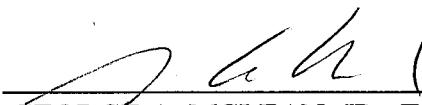
Comes now the undersigned trustee and reports as follows:

1. Distribution to creditors in an amount of less than Five Dollars (\$5.00), unless authorized by the court is prohibited by Bankruptcy Rule 3010, unless authorized by the Court. No such order has been entered by the court.

2. The trustee has attached a separate sheet indicating the name, address, and amount due those creditors to whom distribution of less than five dollars would have been made if ordered by the Court.

3. That the trustee's check payable to the Clerk, U.S. Bankruptcy Court, for the dividends of less than five dollars is attached with the request that such funds be deposited in the U.S. Treasury.

Dated: December 22, 2010


GEORGE A. MCLEAN, JR., Trustee
302 WASHINGTON AVENUE
ROANOKE, VA 24016
(540) 982-8430

06-70135

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT

Roanoke, VA DISTRICT OF

PROOF OF CLAIM

Name of Debtor

Lewis Gafe Clinic - Dr. FAIZ M. BEHSUDI

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "rebut" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Betty H. Myles

Name and address where notices should be sent:

602 Granville Ave
Clifton Forge, VA 24422

Telephone number:

Account or other number by which creditor identifies debtor:

LGL 5204730

Case Number

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Check here if this claim replaces a previously filed claim, dated: _____
 amends

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other Refund due me

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (fill out below)

Your SS #: 234 52 2987

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. Date debt was incurred: 6-27-04

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 128.17

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate
- Motor Vehicle
- Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

Wages, salaries, or commissions up to \$4,650*, earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____.

*Amounts are subject to adjustment on 4/1/06 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

4-10-06

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Betty H. Myles - BETTY H. MYLES

APR 13 2006

[Handwritten signature over the date]
Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

4-11-06

To Whom It May Concern:

This letter explains the circumstances of why I am due a refund from Lewis Gale Clinic for services rendered me on June 27, 2004.

Lewis Gale Clinic provided Dr. Faiz M. Behsudi as an emergency room physician at Alleghany Regional Hospital when I was a patient in the Emergency Room on June 27, 2004. I had sustained an injury to my left wrist due to a fall at an assisted living facility named Highland House, Clifton Forge, Virginia. They provided coverage for my injury through Cincinnati Insurance Company whose agent was Brent Showalter of P.O. Box 42, Bridgewater, Virginia, 22812.

Mr. Showalter sent me a check in amount of the \$140 incurred and I deposited it and sent my personal check in amount of \$140 to Lewis Gale Clinic.(copy of check and endorsement attached.) The Clinic had filed with Railroad Medicare and Medicare paid them \$47.34, which of course was in error due to third party being responsible.

The attached Explanation of Medicare Benefits shows Medicare allowed \$59.17, disallowed \$80.83 and paid \$47.34 to the Clinic, causing the account to have a credit balance.

Medicare later requested refund of their payment. In fact, they wanted it as soon as possible, saying they had the authority to get it deducted from my Railroad Retirement annuity. Since I did not want that to happen, I sent my personal check for the \$47.34. (Copy of my check to Medicare in amount of \$47.34 attached). Lewis Gale Clinic employee Sara Adams assured me I would receive refund from Lewis Gale Clinic in amount of \$128.17 within thirty days. This is the \$47.34 plus disallowed amount of \$80.83, which totals \$128.17, the amount of the credit shown on the account.

I will appreciate consideration being given to my claim of refund due. If I can furnish any additional information, please advise.

Respectfully submitted,

Betty H. Myles
Betty H. Myles
602 Granville Avenue
Clifton Forge, Virginia 24422
Phone: 540-862-1760

P.S. Phone calls to Lewis Gale Clinic have not been returned after message is left with Voice Mail.



BETTY H. MYLES
JOHN W. MYLES
602 GRANVILLE AVE. 540-862-1760
CLIFTON FORGE, VA 24422

782

Date 1-17-06

68-426/514
49001

PAY Medicare Part A
in the order of 34
Forty seven and 34/100 Dollars Money return
per check
Dollars not kept

BB&T

BRANCH BANKING AND TRUST COMPANY
CLIFTON FORGE, VIRGINIA

Elite
UNITED STATES

Signature Betty H. Myles
10514052601513814963500782 *000000047340*
Letter of 1/13/06
A234522984

SUNTRUST BLT 01240906 #2746
5906-028 051000020 PKT001
01/24/06

98128 CREDITED ACCOUNT MIL BANK LOCKBOX
695-61232206 OF NAMED PAYEE MILW WI 16982
MIAMI 08128-822272 8875812868<
3/23

210180440

November 29, 2004

Medicare Summary Notice

BETTY H MYLES
602 GRANVILLE AV
CLIFTON FORGE VA 24422-1816

CUSTOMER SERVICE INFORMATION

Your Medicare Number: A234522984

If you have questions, write or call:
Palmetto GBA - Railroad Medicare
P.O. Box 10066
Augusta, GA 30999-0001

Toll-free: 1-800-833-4455
TTY for hearing impaired: 1-877-566-3572

BE INFORMED: Always read the front and back of your Medicare Summary Notice.

This is a summary of claims processed from 11/03/2004 through 11/24/2004.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
	Claim number 22-04296-064-510 Faiz M. Behsudi, M.D., PO Box 791307, Baltimore, MD 21279-1307					b,c
06/27/04	1 Emergency dept visit (99283)	\$140.00	\$59.17	\$47.34	\$11.83	a
	Claim number 22-04320-220-620 Kroger Limited Partnership I, PO Box 14002, Roanoke, VA 24038-4002					b
11/08/04	1 Flu vaccine, 3 yrs, im (90658)	\$20.09	\$10.10	\$10.10	\$0.00	a,d
11/08/04	1 Admin influenza virus vac (G0008)	7.56	7.56	7.56	0.00	d
	Claim Total	\$27.65	\$17.66	\$17.66	\$0.00	
	Claim number 22-04320-220-630 Kroger Limited Partnership I, PO Box 14002, Roanoke, VA 24038-4002					b
11/08/04	1 Pneumococcal vaccine (90732)	\$30.09	\$23.28	\$23.28	\$0.00	a,d

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DOCTOR	DESCRIPTION	CHARGES	PAYMENTS, ADJUSTMENTS	PATIENT BALANCE
5/27/04	BEHSUDI 11/15/04 11/15/04	EMERGENCY DEPT VISIT MEDICARE INSURANCE INSURANCE PLAN ADJUSTMENT	140.00	47.34- 80.83-	11.83

Claim No 129817

STATEMENT DATE	CURRENT	OVER 30 DAYS	OVER 60 DAYS	PLEASE PAY THIS AMOUNT →	
01/25/05	11.83			11.83	

PATIENT NAME	ACCOUNT NUMBER
BETTY H MYLES	LGC 5204730

MAKE CHECK PAYABLE TO:



Lewis Gale Clinic
1802 Braeburn Drive
Salem, VA 24153

ITEMS MARKED WITH AN (*) HAVE BEEN BILLED TO YOUR INSURANCE

PAYMENT DUE UPON RECEIPT. THANK YOU.

STATEMENT

LGCL

MAKE CHECKS PAYABLE TO



Lewis Gale Clinic
1802 Braeburn Drive
Salem, VA 24153

RETURN SERVICE REQUESTED

BILLING INQUIRIES (540) 772-3550
http://www.lewisleClinic.com/bus_concerns.php

PATIENT: BETTY H MYLES

004939 1 AT 0.292
- BETTY H MYLES
- 602 GRANVILLE AVE
- CLIFTON FORGE VA 24422-1816

1004939

LEWIS GALE CLINIC
P O BOX 12767
ROANOKE VA 24028

XXXXXXXXXXXXXXXXXXXX

LGC005204730 0001183

SHOW AMOUNT
PAID HERE \$

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DOCTOR	DESCRIPTION	CHARGE	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE
5/27/04	BEHSUDI 11/15/04 11/15/04	EMERGENCY DEPT VISIT MEDICARE INSURANCE INSURANCE PLAN ADJUSTMENT	140.00	47.34- 80.83-		11.83

*sent to Great Shewalter 2-1-05
Notified LGC Bus. off.
2-1-05
Mrs. Merritt
3-8-04
TT2-5362*

*Dr. Behsudi (DPT)
Brenda Justice in Roanoke
Creditor Justice in Roanoke
Al McLean
982-8430
Cindy Maxwell
Joe Johnson
Gerry Foster
Sue Schager
983-9300*

SEARCH DATE	CURRENT	OVER 30 DAYS	OVER 60 DAYS	PLEASE PAY THIS AMOUNT	11.8
01/25/05	11.83				
ACCOUNT NUMBER					MAKE CHECK PAYABLE TO:
BETTY H MYLES					Lewis Gale Clinic



Lewis Gale Clinic

MAKE CHECKS PAYABLE TO



Lewis Gale Clinic
1802 Braeburn Drive
Salem, VA 24153

RETURN SERVICE REQUESTED

BILLING INQUIRIES (540) 772-3550
http://www.lewislealeclinic.com/bus_concerns.php

PATIENT: BETTY H MYLES

3425 1 AT 0.292
BETTY H MYLES
602 GRANVILLE AVE
CLIFTON FORGE VA 24422-1816

1003425

1 IF PAYING BY CREDIT CARD, COMPLETE ALL REQUESTED INFORMATION BELOW

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
CARD NUMBER		AMOUNT	
SIGNATURE		EXP DATE	
STATEMENT DATE	ACCOUNT NO.	PAY THIS AMOUNT	
07/13/04	LGC 5204730	11.83	

Check box if address is incorrect or insurance information has changed.
Please indicate change(s) on reverse side.

LEWIS GALE CLINIC
P O BOX 12767
ROANOKE VA 24028

bbbbbbbbbbbbbbbbbbbbbb

LGC005204730 0001183

SHOW AMOUNT PAID HERE \$

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DOCTOR	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	PATIENT BALANCE
3/08/04	KLINE 04/08/04 04/08/04	EMERGENCY DEPT VISIT <i>Hives</i> MEDICARE INSURANCE INSURANCE PLAN ADJUSTMENT	140.00	47.34- 80.83-	11.83 <i>Dec 7/19/04</i>
6/27/04	BEHSUDI	EMERGENCY DEPT VISIT <i>wrist</i>	140.00	PENDING INS	

STATEMENT DATE	CURRENT	OVER 30 DAYS	OVER 60 DAYS	PLEASE PAY THIS AMOUNT	
07/13/04		11.83		11.83	

PATIENT NAME	ACCOUNT NUMBER
BETTY H MYLES	LGC 5204730

MAKE CHECK PAYABLE TO:



Lewis Gale Clinic
1802 Braeburn Drive
Salem, VA 24153

ITEMS MARKED WITH AN (*) HAVE BEEN BILLED TO YOUR INSURANCE

PAYMENT DUE UPON RECEIPT. THANK YOU.

BETTY H. MYLES
JOHN W. MYLES
602 GRANVILLE AVE. 540-862-1760
CLIFTON FORGE, VA 24422

639

Date 3-7-05 68-426/514
49001

PAY Lucas Yale Clinic \$ 140.00
to the order of
One hundred forty and 00/100 Dollars
Security Insurance
are included
Delivery on Hold

BB&T
BRANCH BANKING AND TRUST COMPANY
CLIFTON FORGE, VIRGINIA

Elie
BB&T

Memo 160 3264736 Signature Elie W. Myles
160 3264736 0639 000000140000